

# EXHIBIT 38

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Irma S. Muñoz Lozada

Participant's Address: HC #6 Box 10727 Yabucoa

Participant's Email Address: irmamunoz44@gmail.com

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17BK 3283-LTS-1728110

Nature of Claim: Employees Retirement

By: Irma S. Muñoz Lozada  
Signature

Irma S. Muñoz Lozada  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

Aug 15/2021  
Date

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**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Irma S. Muñoz Lozada  
HC #6 Box 10727  
Yabucoa P.R. 00767

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